

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PA	238	7/12
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CS	52329	8/23/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/8/00
2	✓	✓	5/8/00
3	✓	✓	5/8/00
4	✓	✓	5/8/00
5	✓	✓	5/8/00
6	✓	✓	5/8/00
7	✓	✓	5/8/00
8	✓	✓	5/8/00
9	✓	✓	5/8/00
10	✓	✓	5/8/00
11	✓	✓	5/8/00
12	✓	✓	5/8/00
13	✓	✓	5/8/00
14	✓	✓	5/8/00
15	✓	✓	5/8/00
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28	✓	✓	5/8/00
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47	✓	✓	5/8/00
48	✓	✓	5/8/00
49	✓	✓	5/8/00
50	✓	✓	5/8/00

Claim	Final	Original	Date
51	✓	✓	5/8/00
52	✓	✓	5/8/00
53	✓	✓	5/8/00
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82	✓	✓	5/8/00
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97	✓	✓	5/8/00
98	✓	✓	5/8/00
99	✓	✓	5/8/00
100	✓	✓	5/8/00

Claim	Final	Original	Date
101	✓	✓	5/8/00
102	✓	✓	5/8/00
103	✓	✓	5/8/00
104	✓	✓	5/8/00
105	✓	✓	5/8/00
106	✓	✓	5/8/00
107	✓	✓	5/8/00
108	✓	✓	5/8/00
109	✓	✓	5/8/00
110	✓	✓	5/8/00
111	✓	✓	5/8/00
112	✓	✓	5/8/00
113	✓	✓	5/8/00
114	✓	✓	5/8/00
115	✓	✓	5/8/00
116	✓	✓	5/8/00
117	✓	✓	5/8/00
118	✓	✓	5/8/00
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145	✓	✓	5/8/00
146	✓	✓	5/8/00
147	✓	✓	5/8/00
148	✓	✓	5/8/00
149	✓	✓	5/8/00
150	✓	✓	5/8/00

If more than 150 claims or 10 actions  
 staple additional sheet here

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